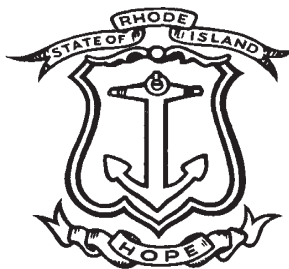


\*\*\*FOR OFFICE USE ONLY\*\*\*

**Demonstrator's Permit Checklist**

- ☐ Application
- ☐ Copy of Current out-of-state license
- ☐ Photo
- ☐ Resume



\*\*\*FOR OFFICE USE ONLY\*\*\*

Application Approved:

License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island  
Board of Hairdressing & Barbering**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For***

**Demonstrator's Permit**

Type of Demonstration to be offered:

- ☐ Hairdresser
- ☐ Esthetician
- ☐ Manicurist
- ☐ Barber

FOR OFFICE USE ONLY

License # \_\_\_\_\_

Name \_\_\_\_\_

*Applicant - Print Name (First/MI/Last)*

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

Revised 04/22/2014 jcp

## **Application Process Overview**

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1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

### **General Instructions**

Complete and submit application along with the following:

1. Completed application signed & notarized
2. Fee of **\$90.00** (Non Refundable - Money Order ONLY - Payable to RI General Treasurer).
3. Copy of your Current of out-of-state license.
4. Passport size photograph
5. Resume - a short resume substantiating the applicant's recognition as an authority or expert in the theory or practice of hairdressing/cosmetology,

Mail To:

**Rhode Island Department of Health  
Board of Hairdressing & Barbering  
Room 104, 3 Capitol Hill  
Providence, RI 02908-5097**

It is the sole responsibility of the applicant to check the status of his/her application. One should not assume that once the application is mailed to our office, a permit will be issued. Please allow 3-4 weeks for processing. If you have any questions about this application process, or you would like to check on the status of your application, please contact this office at (401) 222-2828.

Once your application is complete it will be reviewed, and you will be issued a permit. ***To obtain your permit number prior to receiving your permit, please refer to the HEALTH Licensee Lookup web site:***

<https://healthri.mylicense.com/Verification/>

### **Rules and Regulations/Laws**

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

Title 5, Chapter10, entitled: Barbers, Hairdressers, Cosmeticians, Manicurists and Estheticians can be downloaded at the following web web site:

[www.rilin.state.ri.us/statutes/title5/5%2D10/index.htm](http://www.rilin.state.ri.us/statutes/title5/5%2D10/index.htm)



## 10. Affidavit of Applicant

Complete section 10 and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, HEREBY make application to the Office of Health Professions Regulation for a Demonstrator's Permit in accordance with Chapter 5-10 of the General Laws and the provisions of the Rules and Regulations for the Licensing of Barbers (R5-10 Hair).

\_\_\_\_\_  
Signature of Apprentice

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

**The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.**

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

Notary Seal

\_\_\_\_\_  
Notary No/Commission No.

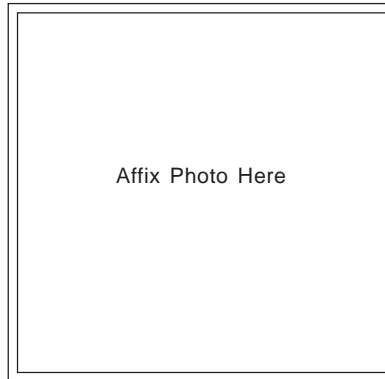
\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

## 11. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



**Write your name on the back of the photograph, and provide the date that the photograph was taken.**

\_\_\_\_\_  
Date of Photograph